



TOWN OF PEMBROKE PARK

3150 SW 52ND Avenue
Pembroke Park, FL 33023

BUILDING CODE AMNESTY PROGRAM APPLICATION

Property Owners Name:	Date of Application:
	Code Case Number:
Property Address:	Folio Number:
Mailing Address of Owner:	
Telephone /Contact Number of Owner:	
Email of the Owner:	
Please submit the following documents to verify property residency (all must show the applicant information) <input type="checkbox"/> Copy of Warranty Deed, Quit Claim Deed and or Tax Bill <input type="checkbox"/> Driver's License or ID <input type="checkbox"/> Utility Bill	
Sworn Statement: Are you or will you be renting/lease or sell the property within one year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Attach a copy of Civil Violation Notices and Total Amounts Currently Due:	

Signature of Property Owner

Date

STATE OF FLORIDA
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20____ by:



(NOTARY'S SIGNATURE)

Notary Name _____
(Print, Type or Stamp Notary's Name)

Personally Known ____ or Produced Identification ____

Type of Identification Produced _____